KANSAS DEPARTMENT OF AGRICULTURE

Records Center 109 S.W. 9th Street Topeka, Kansas 66612 PH: 785-296-2263

APPLICATION FOR A KANSAS LIVE PLANT DEALER LICENSE

Please provide all information requested.	
Name:	
Address:	
City: State:	Zip Code:
Phone:	FAX:
Federal Employer Identification Number:	Social Security Number:
E-mail address:	
LIVE PLANTS INCLUDE: any living plant, cultivated or wild, exemptions: 1). cut flowers and greenery not used for propagati 2). seeds or sets of any kind 3). aquatic plants for use in indoor aquariums	ion 4). fruits and vegetables for food or feed 5). all field and forage crops
purpose of reselling or reshipping within this st to place within the state with the intent to plant for the live plants, for the planting of such live p plants as a premium or for advertising purpose License before selling or offering for sale or del	sale or distribution; buys or obtains live plants for the tate; plants, transplants or moves live plants from place t such live plants for others and receives compensation plants or for both live plants and plantings; or gives live s; is required to obtain a Kansas Live Plant Dealer livering any live plants in Kansas.
A Live Plant Dealer License costs \$3	50 for each business location.
 for sale shall obtain a single license which For farmer's market vendors, licenses will same time. Live Plant Dealers who engage primarily in from all business locations are less than \$1 are subject to all other licensing requirement and the emergency plant pest response fund. 	ive plants for advertising or promotional purposes and not will cover all locations from which live plants are offered. be needed for all locations that are open for business at the n a retail business and whose annual retail live plant sales 0,000 are exempt from the licensing fee requirements, but nts, including the pest freedom standards in K.A.R. 4-15-10 d. Exempted retail persons are required to obtain a \$0 live ion. Persons requesting the license fee exemption please
For Office Use Only	
	LPD \$50.00

PLD

5.00

TR#_____ CK#____ AMT PD_____

	cions that will sell or distri		e license. Attach addit	tional sheets if necessary.
Name	Address	City/State/Z	ip	Phone
List your source Source Name	es of live plants. Please do <u>no</u> Address	ot include suppliers o City/State/2		ditional sheets if necessary. Phone
T D T				
to ship live plants	live plant dealer license will n to another state or wish to hav ve plant inspection will be sen	e your live plants of		
	ow Barberry or Mahonia from	seed?	YES 🗆 NO	
TOTAL NUMBER OF	LOCATIONS TO BE LICENSED=>_	X \$	LICENSING FEE= \$_	TOTAL LICENSE FEB
	NT MUST ACCOMPANY ke check or money order paya			ulture.
	signing and submitting this ap Kansas Plant Pest and Agricult ions.			
Signature o	f Applicant		Date	
Printed Na	ne of Applicant		Title	